

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 595680

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		2	1		1	1
5		1	1		1	1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11	1					
12	1		1		1	
13		1		1		1
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TOTAL IND.	4	↓	5	↓	5	↓
TOTAL DEP.	11	←	8	←	8	←
TOTAL CLAIMS	15		13		13	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						